

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

Preston Andrew Barnhart)
(full name) (Register No.)
2954753)

)

16-3423-CV-S-SRB-
P

Plaintiff(s).)

)

v.)

)

Sheriff T. Arnott)
(Full name))

)

Case No. _____

Defendants are sued in their (check one):
 Individual Capacity
 Official Capacity
 Both

Defendant(s).)

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): Green County Justice Center

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Preston Andrew Barnhart Register No. 2954753
Address Green County Justice center
1000 N. Booneville Springfield Mo. 65802

B. Defendant Sheriff T. Arnott
Is employed as Green county Sheriff

For additional plaintiffs or defendants, provide above information in same format on a separate page.

III. Do your claims involve medical treatment? Yes No _____

IV. Do you request a jury trial? Yes No _____

V. Do you request money damages? Yes No _____

State the amount claimed? \$ IBD (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes No _____

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes No _____

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes _____ No

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

I have requested a grievance several times on different occasions, to no avail

D. If you have not filed a grievance, state the reasons.

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes _____ No

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes _____ No

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: _____
(Plaintiff) _____ (Defendant) _____
(2) Date filed: _____

(3) Court where filed: _____

(4) Case Number and citation: _____

(5) Basic claim made: _____

(6) Date of disposition: _____

(7) Disposition: _____
(Pending) (on appeal) (resolved)

(8) If resolved, state whether for: _____
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

I have been denied my mental health meds since being incarcerated in Green County Justice Center. I have been diagnosed with Bipolar, Depression, ADHD. Also the Missouri Department of Corrections states that if I don't take my medication I will be violated and sent back to MODOC. This has imposed a significant psychological hardship on me. The sheriff is liable because it is under his authority this negligence continues to occur. Upon notification via request form, he has failed to resolve this matter.

B. State briefly your legal theory or cite appropriate authority:

Plaintiff suffers substantially and significantly, along with Bodily or Psychological Stress, placed upon him by the deliberate indifference received, (expressed by defendant). Failure to provide proper medical, psychiatric, is a violation of my federally protected right to be from cruel and unusual punishment.

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

equitable relief compensatory relief in an amount deemed suitable to the court and order in settlement of medical prescriptions and punitive damages against defendant

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. Michal Skiba

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes No X

If your answer is "Yes," state the name(s) and address(es) of each lawyer contacted.

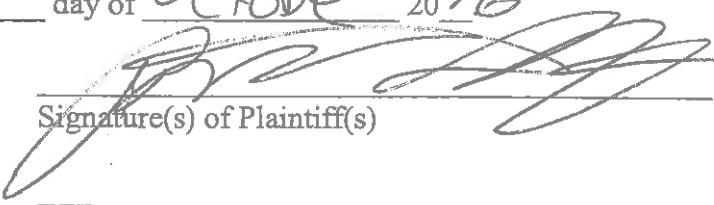
C. Have you previously had a lawyer representing you in a civil action in this court?

Yes No X

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 10 day of October 2016


Signature(s) of Plaintiff(s)

Western Bankruptcy #44893
1000 Green County Justice Center
1000 North Boonville Ave

Springfield MO
65809



Clerk's Office
United States District Court
Western District of Missouri

Kansas City Mo
64110

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UNITED STATES
WICHITA, KANSAS

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